

Hearing & Balance Centre
Toronto General Hospital
7EN 213 - 200 Elizabeth Street, M5G 2C4
Tel: (416) 340-3666 Fax: (416) 340-3745

Addressograph

Appointment Information (for H&B office use only):

Date: _____ **Time:** _____

1. Referring Physician:

Provisional Dx and comments:

 (Please clearly print name and CPSO #)

2. Please indicate the following (for physician):

a) **TM status of patient:** Intact Not intact
 (Air calorics will be performed when TM(s) not intact)

b) **Cerumen management required?** Yes No
 (**Note:** Even non-occluding cerumen can impact accuracy of caloric test)

3. Vestibular Evaluation

- Standard workup (VNG/ENG, cVEMP/oVEMP, hearing test, vHIT)
- ECochG, ABR (tested simultaneously)
 - ECochG only (omit ABR)
 - ABR only (omit ECochG)

Physician notes:

Audiometric Evaluation

- Standard audiogram (hearing test) with tympanometry
 - Tympanometry contra-indicated**
- Threshold-evoked potentials (cortical hearing test)
- Hearing aid services (**Note:** Fee for service):
 - Hearing aid evaluation and selection*
 * recommended if hearing loss is suspected and patient is interested in pursuing hearing aids
 - Hearing aid check
 - Tinnitus

4. Notes for Patients:

- Dizziness/Balance tests: take no alcohol, sleeping pills, relaxants, or drugs for dizziness 48 hours prior to test and **do not wear mascara or eyeliner** to your appointment.
 - Do not discontinue daily medication for other chronic conditions without consulting a physician or our office.
 - Testing may cause mild dizziness temporarily (only for a few minutes for most patients). We recommend bringing someone to drive you home after the test as a precaution. Please let your clinician know if you have history of back/neck problems.
- Please bring a valid health card. If you arrive for your appointment more than 15 minutes late, we reserve the right to cancel and reschedule your appointment. If you do not give 24hrs cancellation notice, we reserve the right not to reschedule your appointment. Results will be sent to the referring doctor's office within 10 business days from the scheduled appointment time.**

NOTES (for H&B office use only):

ABR – Auditory Brainstem Response ECochG – Electrocochleography HT – Hearing Test VEMP – Vestibular Evoked Myogenic Potential
 vHIT – Video Head Impulse Test VNG/ENG – Videonystagmography/Electronystagmography VOR Testing – Vestibulo-ocular Reflex Testing
 Otolith Testing – cervical and ocular VEMP; subjective visual vertical (SVV) TM – Tympanic Membrane